

## Parks and Recreation PAVILION / FIELD RENTAL PERMIT

☑ Big Mound Park	2 Post Family Pa	rk 🛮 Booker Park	② Other:		
Field(s):		Pavilion\shelt	er(s):		
Date(s) Requested: _					
Estimated Attendand	ce:				
Rental Hours:	(am \ pm) to			(am \ pm)	
Name of Applicant_	Date of Application				
Home Address					
Phone			(Wo	rk \ Home \ Mobile)	
Email Address					
Organization Name _					
Phone			(Wo	rk \ Home \ Mobile)	
Email Address					
Purpose of Event					
Is this organization	2 Profit	2 Non-profit	Village Agency	2 Other	
Will fees be collected	d? ②Yes ②No				
Will sound equipmer	nt be used? ② Yes ②	No If so what Kind	ł?	**************************************	
Will Food be sold? 2 Yes 2 No		Will any Items	Will any Items be sold? 2 Yes 2 No		
List any additional ed	uipment vou reque	st approval to bring to	the park (i.e Bounce	House, Tents, etc.	

Special Consideration: The undersigned certifies that he or she has received and is familiar with the rules, regulations and responsibilities as a renter of Village facilities, parks and equipment, and that the same will be enforced and honored by the renter or representative of the renting organization. The undersigned further certifies that he or she is a legally authorized representative of the renting organization and has the legal authority to submit this application and to enter into binding contracts on behalf of the group or renting organization. The undersigned certifies that the information furnished in this application is true and correct to the best of the undersigned's knowledge and information. The undersigned acknowledges that issuance of a permit for rental of parks and facilities and recreational equipment is contingent upon approval of this application by the Parks Superintendent or Designee of the Department of Parks and Recreation. Permit will not be approved unless all fees due are paid.

Signature of Applicant: _			Date:
Print Name:			
FOR OFFICE USE ONLY			
Minimum fees based on	application	2 Resident	Non-resident
Rental rate \$	Number of dates:	Т	otal Rental: \$
Staff Fee: \$			
Total Due: \$	_	Damage Deposit:	\$
Balance Due \$ 2 Cash 2 Payment of fees for par	Money Order ② Check  Money Order ② Check  ks is due no later than	< # # 30 days prior to re	Date Date servation date.
			_ Date:
the reservation please ca	all this emergency num	iber.	d you have a problem on the day o
Name/Title:			
Phone Number: ()			